it adds greatly to the anxiety of the asylum physician, who gets his fair share of that commodity.

To have to keep on the asylum books, and enter as would be done with a patient in the asylum, any accident that may befall a person who has been nearly a month a hundred miles from the asylum, is, I think, almost more than should be required.

A Visit to a Turkish Lunatic Asylum. — By JOHN H. DAVIDSON, M.D. Edin., Medical Superintendent of the Cheshire Asylum.

In the course of a tour, last autumn, through Greece, Turkey, and Asia Minor, I had the pleasure of making the acquaintance of the Physician-in-chief of the Asylum of Constantinople and neighbouring provinces, and through his courtesy and kind attention I was not only enabled to visit the *Timar-khané*, or *Dari-chifa*, as it is sometimes called, but also to obtain some interesting information respecting the care and treatment of the insane by the Turks more than three centuries ago. Up to a recent date, the insane were taken care of in the Asylum of Suleimanié, situated near the mosque of that name, but in consequence of the building being unable to meet the demands made upon it, the patients were removed to the Asiatic side of the Bosphorus, and lodged in the Asylum of Toptaschi in Scutari. The asylum, which is situated in the most Oriental and most beautiful suburb of Constantinople, on being approached, presents a rather dilapidated and neglected-looking appearance, and this aspect has been all the more heightened by the recent ravages of fire in the immediate vicinity; but the situation is most salubrious, as it catches the pleasant breezes from the Bosphorus and the sea of Marmora. The building is quadrangular, consisting of two storeys and surrounding a court, in the centre of which there is placed a fountain at which the patients perform their frequent daily ablutions before prostrating themselves in prayer at the calls of the muezzims from the minarets of the neighbouring mosques. The day and single rooms on the ground floor open into an arcade or colonnade which surrounds the entire building. The upper floor is used for dormitories which open into a corridor. In these the better class of patients sleep, and the more tur-

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bulent and excited sleep in the single rooms on the ground floor. The windows are protected by strong wire lattice instead of wooden lattice, as is the custom in all Turkish dwellings, and the flooring of both upper and under storeys is of tesselated pavement, which reminded me very much of that seen in the *strada dell' abondanza* in Pompeii.

The staff of the superior officers of the Asylum is composed of a Physician-Superintendent, two medical assistants, an under surgical assistant, a dispenser, an inspector, an imam, a secretary, and a steward. In addition to these, there are a cook, a laundress, and thirty-two attendants, eight of the latter being females, who are under the direction of the inspector,—the only officer resident in the asylum. At the time of my visit, the asylum contained three hundred male and seventy-four female patients, the Caucasian, Ethiopian, and Mongolian races being each more or less fully represented. The paucity of females as compared with males is to be attributed, in a great degree, to deep-rooted religious scruples, for, so far as I could learn, mental alienation is not less prevalent in the East among the women than the men. It is certainly the *dernier ressort* with the Turks, the placing of females in an institution for the insane.

As regards the admission of patients to the Asylum it may be stated that there is no special law in the Ottoman empire upon the subject. A few simple formalities only are observed; and even in this enlightened age the Mussulmans only think of incarcerating such lunatics as are well known to be dangerous to themselves, or others, the popular notion being that the treatment of mental disorders is beyond the domain of medical science, and that the malady is only amenable to the skill of the exorcist. Patients must therefore have given undoubted proofs of furious mania before the Turks would dream of secluding them in an asylum. Except in the circumstances stated, all lunatics are allowed to remain at home, and some are even permitted to ramble about the streets in a state of complete nudity, their relations regarding them as objects of veneration and sources of prosperity.

As soon as a patient is brought to the Asylum, the doctor, or, in his absence, the secretary, furnished with a set form of questions, records the answers that he can gather from the relatives or friends who accompany the patient, and in those cases where the information appears insufficient, they are invited to return to the Asylum, that the answers to the inquiries may be completed. The fullest information is gene-

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rally supplied by the police who bring cases to the asylum. The patient on admission is immediately washed and clothed in the asylum uniform, the patient's own garments being carefully stored away until the time comes when he may be in a condition to leave the asylum. In the event of death, however, all that belongs to him is handed over to his relations or heirs, but failing either, the *Beit-ul-mal* succeeds to his property. The process of washing being completed, the patient is conducted into the asylum court and placed among the other inmates. Immediate isolation is never resorted to except in cases where the patients are violent or suffering from bodily injuries. An obstreperous case is invariably restrained by means of the camisole and placed in a single room or cell until the arrival of the doctor, who usually orders a shower bath as a disciplinary measure. Those who have sustained bodily injuries are placed in small isolated chambers, and attendants, with trusty convalescent patients, are told off to watch and wait upon them.

All the inmates, poor or rich, Mussulmans or Christians, must be dressed in the Asylum clothing. The attendants themselves are attired exactly like the patients, except that there is a slight difference in the colour of the tunic and the head-dress. To each patient in the Asylum Government grants two suits annually, one for summer, and the other for winter wear. In summer the patients all wear a white-felt cap and a white linen vest, covered by a long variegated robe, like a dressing-gown, and tied in the middle with a worsted girdle; in winter a tunic of heavy cloth is substituted, over which is placed an outer garment, padded with wadding, and to the ordinary shoes worn are added the Turkish woollen slippers. This costume very much resembles that worn by Dervishes, and the felt head-dress contributes not a little to heighten this resemblance. In fact, from the dress of the patients, and the order and tranquillity which reign throughout the establishment at the Physician's visit, it has almost as much the appearance of a cloister of Dervishes as of a hospital for the insane. The body linen is changed weekly, and the external clothing once a month. This general change is preceded by a vapour bath, in which the patients are thoroughly cleansed and shaved. Personal cleanliness being strictly commanded by the laws of Islamism, the Mohammedan patients never, or very rarely, manifest the slightest reluctance to the bath, but rather the contrary. The Physician-Superintendent says that their love of the bath and of

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personal cleanliness contrasts strangely with the aversion exhibited to all ablutionary processes by the few Christian inmates, who, by their education and knowledge, generally belong to a much superior class of society.

I did not see any of the patients at their meals, but the food is considered healthy and abundant; indeed, the majority of the inmates were never so well fed at their own homes. Dr. Mongeri considers it has but one fault, and that is its sameness. He has, however, endeavoured to remedy the defect by suppressing once a week the ration of butcher's meat, and employing the price in the purchase of fresh vegetables; and since this arrangement was made, scorbutus has completely disappeared, having been formerly the plague of the establishment. The following is the daily allowance by Government to each inmate of the Asylum:—Bread, of middling quality, 25 oz.; Mutton, 10 oz.; Rice, 3½ oz.; Onions, 1 oz.; Butter, ½ oz.; Dried Peas, 1 oz.; Salt, ½ oz.

The patients have two meals a-day, morning and evening, and these are taken in common. The refectory consists of two chambers, communicating with each other. The tables are fixed to the floor, and round them wooden forms are placed. The *salle-à-manger* in the women's quarter is similarly furnished and arranged. The food is divided in the kitchen, and served in plates, or tinned copper porringers, while the service of the table is performed by convalescents, under the surveillance and direction of the attendants. At one time the patients did not dine in common, but the associated system has for some years been practised with much benefit to the patients. The Asylum population is made up chiefly of the indigent class, labourers, field-workers, soldiers, &c., but there are a few patients belonging to the well-to-do and wealthy classes.

In ordinary circumstances, the patients are visited by the Physician-Superintendent three times a-week. The visits are made at fixed hours, and in different quarters of the Asylum, according to the season. In the summer and autumn months, a wing of the gallery, bordering the court, is selected for the inspection, where the patients are ranged sitting cross-legged upon low benches, covered with India matting. All patients, except those engaged in domestic duties, or confined to bed, must be at the place of inspection at the appointed hour. The Doctor, accompanied by his medical assistants and the inspector and head attendant, slowly proceeds along the line of patients, occasionally stop-

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ping to make interrogations. The patient generally rises to reply to the questions addressed to him, which chiefly refer to his health, his wants, and his conduct. In certain circumstances, and specially as regards new admissions, care is taken to conduct them into the Physician's private room, where they are subjected to a long and minute examination, for the purpose of ascertaining the nature and extent of their physical disorders. All acts of insubordination at the visit are immediately repressed by a shower-bath, which is besides invariably employed as a deterrent to those newly admitted who have not yet conformed to the rules and discipline of the establishment. The shower-bath is always given in the presence of a numerous staff, in order to over-awe the patient, and to dispel from his mind all idea of resistance or struggle. A strict discipline is maintained throughout the Asylum, but as the number of patients who have committed murder and arson continues yearly to increase, strict measures are found expedient. The Physician considers that as the Asylum contains so many heterogeneous elements, the least relaxation in the observance of the rules of discipline would not be slow in giving birth to the gravest disorder, and necessitating the return to the days of the chain and the *gullabi*.

The Asylum preserves, as historical curiosities, the chains, collars, *fallaca*, and other instruments of restraint formerly in use. These have been replaced by the camisole, but, except in very turbulent cases, little recourse is had to it, as the heat of the country renders its employment painful, and even dangerous. Reil's belt is, however, sometimes used to restrain the masturbators, pickers, and certain melancholics with well-ascertained suicidal tendencies. To subdue excitement a prolonged bath of ten or twelve hours' duration is the treatment most frequently adopted. Besides the Turkish bath, the institution is well supplied with *baignoires couvercles*, such as are met with in the asylums of France and Belgium.

The employment of the patients is exceedingly restricted, owing to want of space, for beyond the performance of a few domestic duties and a little tailoring, the patients have really nothing to do. The amusements consist of the games of backgammon and chess, in which only a few engage: many prefer to smoke in quiet the narghillé or chibouque, but the majority give themselves up to the pleasures of *kief* and the *dolce far niente*. A journal called the "Djeridei-havadis" is furnished to the Asylum, and those who can read collect

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around them, in true Oriental fashion, their less accomplished fellow patients, and read aloud for their general edification.

Whether insanity is on the increase in the East or not it is difficult to say. Some think that it is, but do not attribute it to the development of civilization in the country. The causes, however, to which insanity is chiefly to be assigned in Turkey are, I believe, the increasing secret abuse of *raki*, excessive indulgence in venery, *esrar*, and opium, but above all to the ravages of syphilis and tuberculosis. Religious excitement is also not an uncommon cause—chiefly amongst the dancing and howling Dervishes.

As a few words regarding the management of the insane in Turkey in the sixteenth century may not be uninteresting, I shall now give an English *précis* of some information on the subject, collected by Dr. Mongeri from the archives of the mosque of Sultan Suleiman, and which he most kindly supplied me with:—

In 1560 an asylum for the insane, bearing the name of the Suleimanié, was erected in the neighbourhood of the mosque just mentioned. It was richly endowed by its generous founder, and there was a numerous staff attached to it. The number of insane inmates was limited to twenty, and there were no less than 150 persons assigned to their service. This statement will doubtless appear fabulous, or at least an exaggeration, to all those who are not acquainted with the East, but it will only slightly surprise those who have an intimate knowledge of its manners and customs. The resident staff was composed of the *Achdji-Bachi*, or chief cook; the *Hamandji*, or chief of the bath; the *Tellak-Bachi*, or chief of the cleaners; the *Tomrouk-Aghassi*, or chief of the dungeons; the *Gullabi*, or chief keeper; the *Meidanji*, or chief of the sweepers; the *Sacka-Bachi*, or chief of the water carriers; and these had all under their orders troops of subalterns more or less numerous. The wages of the latter consisted of a daily allowance of bread and rice and a few paras of monthly pay. In the interior of the Asylum a large vapour bath was constructed, and here lay the principal duty of the *Tellaks*. This bath consisted of three chambers, heated to different degrees, and each contained a basin or reservoir of water. The rooms communicated with one another by very narrow doors, and there is still to be seen on the stone pavement the iron rings to which the patient was fastened in order to make him submit to the cleansing operation. The necessary ablutions being completed, the patient was returned to the Gullabi, or to the

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Tomrouk-Aghassi if his excitement was great. The Gullabi, in returning a patient to his cell, always took the precaution to use the iron collar and chain, no matter whether the patient was violent or tranquil. The chain, however, did not always suffice to insure tranquillity, for the patients sometimes managed to break, by force or cunning, the solid rings to which they were bound. It was then that the Tomrouk-Aghassi interfered to restore order. If in spite of his interference, or rather in consequence of it, the lunatic shouted and disturbed the quietude of the establishment, the *Falakadjis* were called in, that the patient might receive the bastinado.

The tailor and furrier of the establishment inspected regularly twice a year the clothing and furs of the lunatics, so that these might be repaired or renewed if necessary. The great dignitaries of the empire, anxious to please their Imperial Master, frequently distributed superb furs, and in many instances complete suits, among the insane. The mosque scribes sometimes came to the Asylum when a distribution was likely to take place, and if the number of lunatics was incomplete, it was no uncommon thing to see those worthies playing the *rôle* of madmen in order to participate in the general distribution.

The food of the insane had been an object of especial consideration on the part of the founder of the Asylum, for in the vast kitchens of the establishment a large staff prepared dishes of the most *recherché* and delicate character, and it is said there is still to be seen in the archives of the mosque a bill of the expenses incurred for the maintenance and equipment of hunters charged to furnish the necessary game for the consumption of the lunatics.

Sultan Suleiman in erecting the Asylum near the Mosque and the *Tib-Khané*, or School of Medicine, was evidently desirous of putting within its reach the resources of these two great establishments, while he at the same time insured to the public the means of finding there physicians as well as medicines. The labours of the dispensers attached to the Asylum assumed extraordinary proportions, especially at the approach of Spring, when many came for purgatives, or for the famous *Nevrouz* electuary, which, according to popular tradition among the Turks, is a real panacea.

Amusements, prayers, and exorcisms, also played a most important part in the moral treatment of the insane. In front of the rooms of the lunatics stone stages were erected, upon which bands of musicians, companies of comedians

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and numbers of buffoons and jugglers exercised their talents for the delectation of the patients, and, as a recompense, these *artistes* were exempted from paying the fees exigible for permission to pursue their respective callings. The leading ulemas of the mosque gravely occupied themselves in ascertaining, according to the principles of demonology, which spirit it was, of the seventy thousand who dwelt in the air, that caused the excitement of the lunatic; and on this discovery being effected, the learned ulemas called to their assistance a spirit of a different order, whose beneficent influence would destroy the pernicious action of the malevolent spirit that annoyed or tormented the lunatic.

As time rolled on, the lunatics confined in the Asylum became neglected, and not many years before the appointment of the present energetic Physician-Superintendent, Dr. Mongeri, their condition was deplorable and their treatment most horrible. All regulations as to food, clothing, and amusements had been forgotten, and dirt and filth had taken the place of the former cleanliness. A *Timarkhanedji*, whose principal duty was to order the distribution of the soup prepared at the neighbouring *imaret*, or cook-shop of the poor, assisted by four brutal porters, constituted the entire Asylum staff. The Asylum precincts were the rendezvous of the vilest and most disreputable characters, and the scenes that took place there the pen refuses to describe. Government was at last forced to interfere, and institute a proper organization.

When Dr. Mongeri assumed the direction of the establishment, he had many difficulties and prejudices to contend with, but these have, in a great measure, been happily overcome by his unflagging energy and indomitable perseverance, and the patients now confined in the Timar-khane experience a judicious and humane treatment.

Automatism.

In the *Union Médicale* of July 21st and 23rd, 1874, Dr. E. Mesnet relates the particulars of an interesting case of automatic mental action. His paper is entitled *De l'Automatisme de la Mémoire et du Souvenir dans le Somnambulisme pathologique.*

A sergeant in the French army, aged 27 years, was wounded at the battle of Bazeilles by a bullet, which fractured the left parietal bone. He had power enough to thrust his bayonet into the Prussian soldier who wounded him, but

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